SCC e		2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION			A ION	214529626 DN			
1.) CORPORA	TION NAME:				DUE DA	TE: 6/3	0/2014		
AES A PROF	ESSIONAL CORP	ORATION	ATION						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRIVERNON M GEDDY III			ADDRESS:		SCC ID NO: 02068039				
1177 JAMES	TOWN RD				5.) STO	5.) STOCK INFORMATION			
WILLIAMSB	URG, VA				CLASS		AUTHORIZED		
	OUNTY OF VA REGIS URG CITY (FILED I				СОММО	N 1	5,000		
4.) STATE OR COUNTRY OF INCORPORATION: VA									
6.) PRINCIPAL	OFFICE ADDRESS:							_	
A	ADDRESS: 5248 OL	DE TOWNE RD	STE 1						
(CITY/ST/ZIP: WILLIA	MSBURG, VA	23188						
7.) DIRECTOR	S AND PRINCIPAL O	FFICERS:	All directors and may be designat	princip ted as b	al officers moth a direct	nust be li or and a	sted. An individual n officer.		
	IANAE.	DIOLIA DD A 000)TELL 0	OFF	FICER	2	X DIRECTOR		
	NAME: TITLE:	RICHARD A COS DIRECTOR	STELLO						
	ADDRESS: CITY/ST/ZIP/CO:	5248 OLDE TOW WILLIAMSBURG							
	10045			X OFF	FICER		DIRECTOR		
	NAME: TITLE:	ROBERT D. MAN VICE PRESIDEN							
Α	ADDRESS:	1317 EXECUTIV							
C	CITY/ST/ZIP/CO:	SUITE 150 CHESAPEAKE, \	/A 23320						
	IAME.	O ADOLIED MAD	OTONI III	X OFF	FICER		DIRECTOR		
	NAME: TITLE:	G ARCHER MAR PRESIDENT	STONIII						
	ADDRESS: CITY/ST/ZIP/CO:	5248 OLDE TOW WILLIAMSBURG							
				X OFF	FICER		DIRECTOR		
	NAME: TITLE:	PAMELA D. CAL TREASURER	LIS						
	ADDRESS:	5248 OLDE TOW	NE ROAD						
C	CITY/ST/ZIP/CO:	SUITE 1 WILLIAMSBURG	, VA 23188						
				OFF	FICER	[:	DIRECTOR		
	NAME: TITLE:	ROBERT E COS DIRECTOR	BY, III						
Α	ADDRESS:	5248 OLDE TOW	NE ROAD						
C	CITY/ST/ZIP/CO:	SUITE 1 WILLIAMSBURG	, VA 23188						
	IAME:			OFF	FICER		X DIRECTOR		
	NAME: TITLE:	JASON A GRIME DIRECTOR	:5						
Д	ADDRESS: CITY/ST/ZIP/CO:	5248 OLDE TOW	'NE ROAD, SUITE	≣ 1					
_) 1/31/211/00.	WILLIAMSBURG	, VA 23188						

		OFFICER	χ DIRECTOR					
	DONALD G. JAMES							
	DIRECTOR							
	6421 CANON WAY							
CITY/ST/ZIP/CO:	GLOUCESTER, VA 23061							
		X OFFICER	χ DIRECTOR					
NAME:	JASON M NOAH							
	VICE PRESIDENT							
	5248 OLDE TOWNE ROAD, SUITE	∃ 1						
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188							
		OFFICER	X DIRECTOR					
NAME:	HOWARD W PRICE							
TITLE:	DIRECTOR							
ADDRESS:	5248 OLDE TOWNE ROAD							
	SUITE 1							
CITY/ST/ZIP/CO:	WILLIAMSBURG, VA 23188							
		OFFICER	χ DIRECTOR					
NAME:	GAVIN R ROBEY							
TITLE:	DIRECTOR							
	614 MOOREFIELD PARK DRIVE							
CITY/ST/ZIP/CO:	RICHMOND, VA 23236							
		X OFFICER	DIRECTOR					
NAME:	Gwen C Schatzman							
TITLE:	SECRETARY							
ADDRESS:	5248 Olde Towne Road							
	Suite 1							
CITY/ST/ZIP/CO:	Williamsburg, VA 23188							
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND								
COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.								
/s/ PAMELA D. CALLIS	PAMELA D. CALLIS, TREAS	URER 6/	/9/2014					
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPO	DRATE	DATE					
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.								